

GEORGIA, FULTON COUNTY

DO NOT WRITE IN THIS SPACE

STATE COURT OF FULTON COUNTY
Civil Division

CIVIL ACTION FILE #: _____

Plaintiff's Name, Address, City, State, Zip Code

vs.

3414 Peachtree Road NE, Suite 1500, Atlanta/Fulton

County, Georgia 30326

Defendant's Name, Address, City, State, Zip Code

<u>TYPE OF SUIT</u>	<u>AMOUNT OF SUIT</u>
[] ACCOUNT	PRINCIPAL \$ _____
[] CONTRACT	
[] NOTE	INTEREST \$ _____
*[x] TORT	
[] PERSONAL INJURY	ATTY. FEES \$ _____
[] FOREIGN JUDGMENT	
[] TROVER	COURT COST \$ _____
[] SPECIAL LIEN	

[] NEW FILING	
[] RE-FILING: PREVIOUS CASE NO. _____	

* Statutory cause of action per 15 U.S.C.A. §
1692K

SUMMONS

TO THE ABOVE NAMED-DEFENDANT:

You are hereby required to file with the Clerk of said court and to serve a copy on the Plaintiff's Attorney, or on Plaintiff if no Attorney, to-wit:

Name: _____

Address: _____

City, State, Zip Code: _____ Phone No.: _____

An answer to this complaint, which is herewith served upon you, must be filed within thirty (30) days after service, not counting the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint, plus cost of this action. **DEFENSES MAY BE MADE & JURY TRIAL DEMANDED**, via electronic filing or, if desired, at the e-filing public access terminal in the Self-Help Center at 185 Central Ave., S.W., Ground Floor, Room TG300, Atlanta, GA 30303.

Donald Tally, Chief Clerk (electronic signature)

SERVICE INFORMATION:

Served, this _____ day of _____, 20 _____. _____

DEPUTY MARSHAL, STATE COURT OF FULTON COUNTY

WRITE VERDICT HERE:

We, the jury, find for _____

This _____ day of _____, 20 _____. _____ Foreperson

(STAPLE TO FRONT OF COMPLAINT)